

Poll Worker Application

Complete the following form to apply to be a Poll Worker

First Name

Last Name

Email

Phone

Street Address

City

State

Zip code

Birthday

Do you speak a second language? If, so, please specify.

Do you have a party affiliation? If so, please specify.

Please check all positions of interest*

Early Voting Worker

☐

Election Day Worker

☐

FROM: _____

AFFIX
FIRST CLASS
POSTAGE



TO: EARLY VOTING CLERK

